

Background:

- **The Master Settlement Agreement (MSA)** funds were intended to be used by states for tobacco use prevention, to enforce the settlement agreement and to prevent and control related chronic diseases.
- In 2002, the majority of Montana voters (65%) passed **Initiative 146**, which designated that 32% of the Master Settlement Agreement funding be used for tobacco use prevention.
- A poll conducted by the American Cancer Society in 2011 indicates that **82% of Montana voters** support continuing to use revenue from the Master Settlement to fund tobacco prevention programs.
- MTUPP's overall budget is funded through the state special revenue from MSA funds and through a cooperative agreement with the CDC.

Montana Tobacco Use Prevention Program

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What is the Montana Tobacco Use Prevention Program and Why Is It Important?

More than 1,600 Montanans die each year from tobacco-related disease.¹ While the prevalence of cigarette use among Montana youth has decreased significantly over the past decade, the financial costs related to tobacco use to Montana are higher than for any other preventable cause of illness and death. Montana spends more than \$440 million a year due to smoking-related health care costs.² Smoking currently costs Montanans an estimated \$829 per household per year.² MTUPP works to lower these costs. Efforts include:

- Community-based programs in 46 counties, with 8 tribes, and with two urban Indian centers; these local programs are managed by local Tobacco Prevention Specialists.
- The statewide Montana Quit Line (1-800-QUIT-NOW);
- Montana's youth empowerment initiative, reACT Against Corporate Tobacco;
- The Tobacco Free High School Rodeo Project;
- The Collegiate Tobacco Prevention Initiative, which supports tobacco free campus policies and cessation/quit line promotion with strong student involvement on 12 Montana campuses;
- Office of Public Instruction Schools of Excellence, which expands coverage of comprehensive tobacco-free policies;
- The smokefree multi-unit housing program, which supports smokefree living environments;
- Programs to address disparities in tobacco use among specific populations including American Indians, Montanans with low incomes, pregnant women and persons with behavioral health conditions.

The Montana Tobacco Use Prevention Program Works!

This program has made significant strides to reduce tobacco use in Montana and continues to help Montanans quit, as well as not start, using tobacco.

- Current cigarette smoking decreased among Montana adults from 22% in 2011 to 19% in 2015.³
- The sale of cigarettes has declined from 89 packs per capita in 1998 to 43 packs per capita in 2014 – **more than 50% reduction**.⁴
- Over 86,000 Montanans called the Montana Quit Line (800-QUIT-NOW) since 2004.⁵ Specialized programs are now offered to pregnant women and American Indian callers. The new American Indian Quit Line launched in 2015.
- Cigarette use among American Indian youth has decreased from 49% in 1995 to 20% in 2015.⁶

Sources:

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More SmokeFree and Tobacco-Free Places in Montana:

- Successful implementation of the Clean Indoor Air Act
- 309 school districts - Comprehensive Tobacco Free School Policies, ensuring that all school events are tobacco free;
- 79 medical campuses - 100% tobacco free policies, and;
- 12 of the 20 Montana Public Housing Authorities - smokefree policies;
- 12 of the 26 Montana college/university campuses - 100% tobacco free.
- 3 Localities with tobacco-free park policies
- 3 Localities with e-cigarette restrictions (these include policies prohibiting the use of e-cigarettes in indoor public places.)
- As of January 2016, Montana retailers are prohibited from selling or distributing alternative nicotine products, and vapor products, to individuals under the age of 18 years.

Challenges Remain:

- In 2015, an estimated 150,000 Montana adults were smokers.⁷
- In 2015, 12% of Montana youth currently use smokeless tobacco.⁸ This is one of the highest rates in the U.S.
- 15% of adult men in Montana use smokeless tobacco⁷
- Tobacco use among vulnerable populations remains high:
 - 42% of adults in the lowest income bracket (less than \$15,000 per yer) currently smoke⁷
 - 34% of adults aged 18 to 64 enrolled in Medicaid currently smoke⁹
 - 16% of all pregnant women in Montana smoke¹⁰
 - 37% of American Indian adults in Montana smoke⁷
 - 41% of people with psychiatric disorders smoke (almost twice as high as the general population)¹¹
- The tobacco industry spends \$30 million per year marketing tobacco in Montana.²
- Almost 40% of Montana high school students are currently using at least one type of tobacco product.⁸
- Electronic cigarettes (E-cigarettes) are now sold by two thirds of Montana retailers.¹²
- More than 50% of Montana youth have tried e-cigarettes; 30% currently use them.⁸ 20% of Montana adults have tried e-cigarettes.¹³
- E-vapor advocates have promoted these products as smoking cessation tools. However, the evidence is insufficient to conclude that e-vapor products are effective for smoking cessation.
- In addition to nicotine which maintains addiction, aerosols from these products can contain heavy metals, ultrafine particulates, propylene glycol, glycerin, and cancer-causing agents like acrolein.¹⁴
- In 2016, FDA finalized a rule extending its regulatory authority to cover all tobacco products, including vaporizers, vape pens, hookah pens, electronic cigarettes (E-Cigarettes), e-pipes, and all other electronic nicotine delivery devices. FDA now regulates the manufacture, import, packaging, labeling, advertising, promotion, sale, and distribution of these products. This includes components and parts but excludes accessories.¹⁵